

## CAMP HICKORY-WOOD 2006

### APPLICATION (Revised)

**CAMP DATES:**

Adult/Youth Weekend: May 12-14, 2006

Youth Week: July 2-7, 2006

Adult Week: July 16-21, 2006

APPLICATION DEADLINE: April 15, 2006

APPLICATION DEADLINE: June 1, 2006

APPLICATION DEADLINE: June 15, 2006

Name			
Address: Street		County	
City	State	Zip	
Phone	Birth date	Age	Sex

**PARENT OR GUARDIAN INFORMATION:**

Name		
Address: Street		
City	State	Zip
Phone		
Camper T-shirt size (circle one) Adult: XXL XL L M S Child: L M S		

EMERGENCY INFORMATION: In the event that parent cannot be contacted, list friend/relative

Name	Relation to applicant	Phone #
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**For office use:**

SUB	SCH	AMT
PD	MED	ECA
LIA	PHO	PHY
APP FEE		

BEHAVIORAL NEEDS:

First separation from caregiver	Yes	No
Camper has behavioral challenges such as:		
wanders	inappropriate sexual behavior	Withdrawn
abusive to others	abusive to self	Other
Tell us briefly about your injury and any assistance needed:		
Does the camper take a medication to maintain behavior:      yes                      no		
Has the camper experienced a seizure in the last 3 months:      yes                      no		
What would you like the staff to know about the camper?		
Can the camper swim?    Yes                      No		

MEDICAL NEEDS:

Camper has medical needs such as:		
Traech	Ventilator	Tube feeding
Camper is:		
Willing to follow instructions	yes	no
Confused or agitated	yes	no
Camper is aware of his or her surroundings:		
Knows who they are	Yes	no
Knows where they are	Yes	no
Knows what day it is	Yes	no

### PHYSICAL NEEDS

EATING: No assist \_\_\_\_\_ Partial assist \_\_\_\_\_ Total assist \_\_\_\_\_  
DIET: Normal \_\_\_\_\_ Chopped \_\_\_\_\_ Blended/Pureed \_\_\_\_\_  
If diabetic, total daily calories: \_\_\_\_\_  
If diabetic, must camper have bedtime snack: \_\_\_\_\_  
Any special diet \_\_\_\_\_  
Does camper have any difficulty swallowing? Yes \_\_\_\_\_ No \_\_\_\_\_  
List food problems \_\_\_\_\_  
List food allergies \_\_\_\_\_  
List adaptive eating equipment used: \_\_\_\_\_

HEARING: Normal \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Total loss \_\_\_\_\_

SPEECH: Normal \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_ Nonverbal \_\_\_\_\_

COMMUNICATION: Normal \_\_\_\_\_ Sign Language \_\_\_\_\_ Communication board \_\_\_\_\_  
Gestures \_\_\_\_\_ Other: \_\_\_\_\_

VISION: Normal \_\_\_\_\_ Partial \_\_\_\_\_ Legally blind \_\_\_\_\_ Total loss \_\_\_\_\_ Glasses \_\_\_\_\_

MOBILITY: Ambulatory (walks) \_\_\_\_\_ Wheelchair (Power \_\_\_\_\_ Manual \_\_\_\_\_)  
Cane \_\_\_\_\_ Crutches \_\_\_\_\_ Walker \_\_\_\_\_ Other \_\_\_\_\_

MOBILITY ASSIST: None \_\_\_\_\_ Stand-by \_\_\_\_\_ Total \_\_\_\_\_

ADAPTIVE DEVICES: None \_\_\_\_\_ Braces \_\_\_\_\_ Night braces \_\_\_\_\_ Prosthesis \_\_\_\_\_ Helmet \_\_\_\_\_  
Shunt \_\_\_\_\_ Dentures \_\_\_\_\_ Hearing aid \_\_\_\_\_ other \_\_\_\_\_

TOILETING: No assist \_\_\_\_\_ Partial assist \_\_\_\_\_ Total assist \_\_\_\_\_

BLADDER CONTROL: Normal \_\_\_\_\_ Partial \_\_\_\_\_ Incontinent \_\_\_\_\_ Needs reminders \_\_\_\_\_

BOWEL CONTROL: Normal \_\_\_\_\_ Partial \_\_\_\_\_ Incontinent \_\_\_\_\_ Needs reminders \_\_\_\_\_

AIDS USED: None \_\_\_\_\_ Urinal \_\_\_\_\_ Catheter (Indwelling \_\_\_\_\_ Intermittent \_\_\_\_\_ Condom \_\_\_\_\_)

### PERSONAL HYGIENE AND DRESSING

SHOWERING: Total assist \_\_\_\_\_ Some assist \_\_\_\_\_ Supervise \_\_\_\_\_ No help \_\_\_\_\_

WASHING FACE & HANDS: Total assist \_\_\_\_\_ Some assist \_\_\_\_\_ Supervise \_\_\_\_\_ No help \_\_\_\_\_

BRUSHING TEETH: Total assist \_\_\_\_\_ Some assist \_\_\_\_\_ Supervise \_\_\_\_\_ No help \_\_\_\_\_

MENSTRUAL CARE: Total assist \_\_\_\_\_ Some assist \_\_\_\_\_ Supervise \_\_\_\_\_ No help \_\_\_\_\_

DRESSING: Total assist \_\_\_\_\_ Some assist \_\_\_\_\_ Supervise \_\_\_\_\_ No help \_\_\_\_\_

DRESSING AND HYGIENE INSTRUCTIONS: \_\_\_\_\_

**PAYMENT INFORMATION** (checks made payable to: Easter Seals Camp)

Application Fee: \$25 per camp (non-refundable)

Cost:	Weekend (overnight) camp: \$100	Day camp (Saturday only): \$25
	Week Camp: \$250	

Applying for:

_____ Adult/Youth Weekend May 12-14 (overnight) camp (Age 7 and over)	_____ Adult/Youth Day camp May 13 (Saturday only)
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Application will be reviewed and you will receive a letter of acceptance by April 15, 2006.

Payment will be due by April 30, 2006.

_____ Youth Week: July 2-7	_____ Adult Week: July 16-21
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Applications for the Youth Week will be reviewed and a letter of acceptance sent by June 15, 2006. Payment will be due by June 30, 2006

Applications for the Adult Week will be reviewed and a letter of acceptance sent by June 15, 2006. Payment will be due by July 1, 2006

**Scholarship Opportunities**

Scholarship opportunities are available for all camps. The scholarships are provided through the state Traumatic Brain Injury Program in the Tennessee Department of Health. These scholarships are only available to Tennessee residents that show just cause that they are unable to pay the full tuition amount. They should consider how much they are able to pay towards their tuition. All campers must pay the \$25 application fee which is non-refundable and which must accompany the application.

Please explain why you should be considered for scholarship and how much financial aid you will need:

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**Amount Able to Pay**

For questions, call 800-882-0611. Mail your completed application to:

TBI Program  
HSM 5<sup>th</sup> floor, CHB  
425 Fifth Ave. N.  
Nashville, TN 37247-5207

Checks should be made payable to: Easter Seals Camp

Tennessee Department of Health / Traumatic Brain Injury Program